



### **Solid Waste Collector License**

As a new or renewal applicant, you are required to complete the attached application. Each question and blank on the application must be filled out completely to ensure quick and timely processing.

Each question on the application pertains to the applicant's ability to meet guidelines set out by the Code of the City of Wichita which governs Solid Waste Collectors. By refusing or forgetting to answer a question, it will be assumed that the applicant cannot meet these guidelines and will, therefore, be denied a license.

Please remember to notify the Licence Section (316-268-4553) should any information change during the license year. The fee for this license is non-refundable and non-transferable. License fees are only refunded in the event that the initial application is disapproved. License fees are subject to a ten percent penalty fee if the license fee is not paid by the expiration date. No license fees are prorated.

Should you have any questions regarding the license guidelines, please contact Resource Management at (316) 268-4664. If you have questions regarding the license issuance, please contact the License Section.



CITY LICENSE  
(316) 268-4553

**SOLID WASTE COLLECTOR  
LICENSE APPLICATION**

**FEE: \$25.00**

License expires April 30  
Complete in Duplicate

Please check one:

Sole Proprietor: \_\_\_\_\_ Date: \_\_\_\_\_  
Partnership: \_\_\_\_\_ New: \_\_\_\_\_  
Corporation: \_\_\_\_\_ Renewal: \_\_\_\_\_

**SECTION I - BUSINESS INFORMATION:**

Applicant Name			
Business Name			
Other Business Name(s)			
Business Address			
City, State, Zip			
Mailing Address			
City, State, Zip			
Phone Number		Fax Number	

Please answer the following questions. If the answer to any of the questions is “**NO**”, explain in detail on the reverse side of this application.

- Does this company have sufficient experience to operate the solid waste collection business contemplated under this license?  
\_\_\_ Yes \_\_\_ No
- Does this company have sufficient quantities of the appropriate equipment to operate the solid waste collection business contemplated under this license? \_\_\_ Yes \_\_\_ No
- Will this company utilize appropriate methods in the execution of its duties as a solid waste collection business under this license?  
\_\_\_ Yes \_\_\_ No
- Does this company have or have reasonable access to the financial resources to operate the solid waste collection business contemplated under this license? \_\_\_ Yes \_\_\_ No
- Has the company executed an approved contract with the City of Wichita, Kansas? \_\_\_ Yes \_\_\_ No  
If new contract, attach copy. Contract Date \_\_\_\_\_

I hereby certify that I have read and am familiar with the ordinances of the City of Wichita and with the requirements thereof as they pertain to my license. Further, under penalty of perjury, I certify that all information provided is true and accurate to the best of my knowledge.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**FOR OFFICIAL USE ONLY**

	APPROVED	DISAPPROVED		DATE
Resource Management				
License Number		Date Issued	Expiration	4-30-

Request for Appeal			
Result of Appeal			
City Council Proceeding Date			
Attest By		Date	